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AUTHOR Gover, F. Jill
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ABSTRACT

There is a great deal of concern about teenage suicide. This study obtained a prevalence rate of suicidal behaviors among non-psychiatric early adolescents (ages 11-16) and investigated personal and family variables that may characterize the young teenagers who report varying degrees of suicidal behavior. A self-report questionnaire was distributed to 456 adolescents in four schools in three contrasting geographic locations (urban, suburban, and rural). The questionnaire examined behaviors related to suicide, including: substance use; parental substance use; domestic violence; parent/teenager conflict; sexual abuse; running away; perfectionistic beliefs; and alienation from family. Respondents were divided into three groups: non-suicidal, ideators/planners, and attempters. The findings suggest that a large portion of young people consider suicide, and that a significant number of those people will go on to attempt suicide. The results indicated that more than one-half of suicide attempters reported feelings of alienation from family, alcohol use, and conflict with stepfathers for those in blended families. Analysis also indicated that the prevalence of suicidal behavior in an early adolescent was substantially greater than in children. Females attempted suicide more than males in a 7:1 ratio. The findings of this study strongly support the premise that middle school early adolescents (ages 11-15) do exhibit suicidal behavior in frequencies high enough to justify implementing a suicide prevention program at that level. (LLL)

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SUICIDAL BEHAVIOR AMONG EARLY ADOLESCENTS

F. Jill Gover, Ph.D.

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ABSTRACT

There is a great deal of concern these days about the rising rate of teen suicide. Suicide is the third leading cause of death for teens ages 15-24. However, little research is available on the early adolescent as a separate developmental phase. Early adolescence is a time of rapid change and development which can create a greater vulnerability to depression and suicidal behavior. The purpose of this study was to obtain a prevalence rate of suicidal behaviors among "normal" (i.e. non-psychiatric) early adolescents (ages 11-16) and to investigate personal and family variables that may characterize the young teens who report varying degrees of suicidal behavior. The Suicidal Behaviors Questionnaire (SBQ) was used to gather data on 13 variables. Chi square analysis indicated that more than half of the attempters reported alienation from family, alcohol use, and conflict with stepfathers. Out of 456 respondents, 45.12% acknowledged suicidal thoughts and/or plans. 11.78% admitted to one or more past suicide attempts.

INTRODUCTION

Every 90 minutes a teen commits suicide. More than 5000 young people die every year from suicide. The mortality rate for suicide in this age group is 12.3 per 100,000 and accounts for 18.8% of all deaths for ages 15-24. Current trends predict that by the year 2000 there will be a 94% increase in suicide rates for teens ages 15-19 (Berman, 1987). It is estimated that for every completed suicide, there are between 50 to 100 attempts each year. This means that at least 250,000 nonfatal attempts by teens occur every

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year. Studies demonstrate that the rate of completed suicide in those who had previously made attempts is 44 to 53 times greater than that of the general population (Ettlinger, 1964; Usden, 1966; Paerregaard, 1975; Lonnquist, 1983). Therefore, parasuicides and low-lethality attempts frequently seen in early adolescence are cause for concern since they may precipitate completed suicides at an older age. The rapidly increasing rate of completed suicide and of attempted suicide in young people underscores the need to understand the personal and family variables associated with self-destructive behavior. These variables may be useful in identifying high-risk adolescents and developing early intervention strategies.

Early adolescents may be more vulnerable to suicidal behavior due to the many changes that are taking place in their lives. The 11-15 year old experiences more growth and rapid physiological development than any other developmental phase except infancy. During this period, young teens experience their greatest degree of influence and persuasibility in relation to the world around them. They are most sensitive to peer pressure and issues of self-esteem. Moreover, children of this age have a greater tendency to view their personal death as reversible (Carlson & Orbach, 1982) and to use "magical thinking" to cope with stress. Many explanatory variables for the low suicide rate in children are not true for the early adolescent. The junior high and middle school student has access to

self-destructive means, is quite capable of planning and implementing a suicidal act, and often spends time alone unsupervised.

In most studies on suicidal behavior, early adolescence has been submerged under the category of "children", referring to those younger than 15 years. There has been very little research on the prevalence rate of suicidal behavior among the early adolescent as a separate and distinct population. This study was undertaken to gain a more accurate prevalence rate of suicidal behavior in this specific age group and to investigate several personal and family variables that may be related to suicidal behavior in this group.

METHOD

A self-report questionnaire was distributed to 456 adolescents (ages 11-16) in four schools in three contrasting geographic locations: urban, suburban, and rural. Samples ranging from 100 to 200 students from each school site were randomly selected. For statistical purposes, the respondents ages were collapsed into two groups: transescents (ages 11,12,13) and early adolescents (ages 14,15,16). However, 304 out of 456 subjects (66.67%) were in the 11-13 age range. The ethnicity of the sample was varied, with 54.43% Caucasion, 13.94% Black, 6.86% Mexican-American, 3.10% Native American, 8.63% Asian, and 15.04% other. Mulatto and other mixed-race students endorsed

"other" which accounted for the high percentage in that category. Females comprised 66.74% of the sample. 45.39% of the sample came from the urban area, with 31.36% from the suburban area, and 23.25% from the rural area.

The instrument used to collect the data was a survey of behaviors thought to relate to suicide (Smith & Crawford, 1986). The questionnaire consisted of 44 items which took 25 to 50 minutes to complete. Students were told that participation was voluntary and they could stop at any time. No one declined to participate, but several students skipped different items, either intentionally or not, resulting in a sample size ranging from 416 to 456 depending on the item. Responses on specific items were used to determine presence or absence of the following 8 independent variables: 1) substance use, 2) parental substance use, 3) domestic violence (beaten by parents), 4) parent/teen conflict, 5) sexual abuse, 6) running away, 7) perfectionistic beliefs, 8) alienated from family. The following five dependent variables were cross-tabulated with the independent variables via chi-square analysis: 1) sex, 2) age, 3) race, 4) geographic location, 5) suicidal behavior.

For purposes of analysis, the respondents were divided into three principal groups: Nonsuicidal (those who reported no suicidal ideation or behavior), Ideator/Planners (those who have had thoughts and/or plans of suicide, and Attempters (those who had made one or more past suicidal

attempts). Not all the groups were mutually exclusive. Specifically, those who had attempted suicide were included in the Ideator/Planners group if they endorsed that item indicating that they had thought about suicide and/or developed a plan. Conversely, the Attempters group may include those subjects who had ideation and/or plan before attempting suicide. The Attempters group included all subjects who positively endorsed the item stating they had attempted suicide and does not address prior suicidal behavior. The Nonsuicidal group reflected those subjects who negatively endorsed items stating they had thought about, planned, or attempted suicide. By categorizing this group as the absence of suicidal ideation, plan, or attempt, the Nonsuicidal group then is mutually exclusive and does not overlap with the two other groups.

The percentage of affirmative answers for each of the three groups was subjected to chi-square analyses on a question-by-question basis. 15 items from the questionnaire reflected the face validity of their corresponding eight independent variables. Each variable had two fixed levels: presence or absence. The level of significance was set at a standard $p < .05$. It will be noted that traditional multivariate procedures were inappropriate for this study, due to the largely nominal nature of the data (e.g., "Have you run away from home during the last five years?").

The following questions were posed: 1) What is the prevalence rate of suicidal behavior in this population?

2) Which of these variables are more heavily associated with suicidal behavior? 3) Will there be a difference in suicidal behavior among the contrasting geographic locations? 4) Will there be a difference in suicidal behavior between males and females, and among different races?

RESULTS

There are eight major findings in this study: 1) the prevalence of suicidal behavior in an early adolescent population is substantially greater than in children. 45.12% of the respondents in this study acknowledged the presence of suicidal thoughts and/or plans. 11.78% admitted to one or more past suicide attempts. 2) Alienation from family (85.42%), alcohol use (75.51%) and getting drunk (54.17%), conflict with stepfathers (61.11%), and domestic violence (51.02%) were endorsed by more than half of the attempters in contrast to low endorsements by non-attempters. 3) The greatest discrepancy between suicidal and non-suicidal groups (>25%) concerned conflicts with stepfathers, alcohol use, domestic violence, sexual abuse, running away, and use of street drugs, in that order. 4)There was no statistical difference in ideation/plan of suicide between the different geographic areas, but the urban area had a slight increase in suicidal attempt. 5) Females in this study attempt more than males in a 7:1 ratio. 6) There was a higher percentage of ideation/planning among whites, although more than half of the attempters were non-white.

TABLE III

	Suicidal Behavior		Non-Suicidal Behavior	
	Ideator/Planner	Attempter	Non-Ideator/Planner	Non-Attempter
substance use				
use alcohol	*55.67 (N=428)	*75.51(N=415)	*25.64	*32.79
get drunk	*35.23 (N=428)	*54.17 (N=414)	*14.89	*19.67
use marijuana	*28.89 (N=411)	*20.63 (N=425)	*10.93	* 7.63
use street drugs	*12.89 (N=430)	*30.61 (N=416)	* 2.97	* 4.09
parental substance use				
use alcohol	*52.06 (N=430)	*53.06 (N=416)	*41.53	*46.32
use drugs	*20.53 (N=422)	*28.57 (N=410)	*10.34	*12.47
domestic violence	*27.84 (N=430)	*51.20 (N=416)	*14.41	*15.26
parent/teen conflict				
with dad	10.84 (N=368)	16.28 (N=356)	6.93	7.35
with mom	4.42 (N=411)	6.38 (N=398)	1.74	2.28
with stepmom	29.55 (N=81)	37.50 (N=79)	27.03	26.76
with stepdad	27.12 (N=112)	*61.11 (N=108)	11.32	11.11
sexual abuse	*17.19 (N=427)	*40.82 (N=412)	* 3.83	* 5.79
running away	*24.87 (N=429)	*38.78 (N=414)	* 5.08	*10.14
perfectionistic beliefs	90.16 (N=423)	81.63 (N=409)	89.57	91.11
alienation from family	*78.42 (N=419)	*85.42 (N=404)	*52.40	*60.67

* $p < .05$
chi square

DISCUSSION

The findings of the present study make it clear that a large portion of "normal" young people consider suicide, and that a significant number of those people will go on to attempt suicide. The variables most clearly associated with suicide attempters are self-perceived feelings of alienation from family (i.e. "I don't belong" feelings), alcohol use and abuse (i.e. getting drunk), conflict with stepfathers for those in blended families, domestic violence, sexual abuse, running away, and use of street drugs. When these variables are present, they can serve as red flag warning signs that a young teen is "at-risk" for suicidal attempt, warranting immediate intervention. In terms of suicide prevention programming, perhaps the most important finding is that many teens this age are suicidal; it is not a rare phenomenon. Furthermore, early adolescents are not "too young" to act on their suicidal impulses and appear to be doing so at a not infrequent rate (11.78%). Therefore, they are not too young to be educated about suicide and taught how to choose healthy alternatives in order to cope with the stress in their lives. The findings in this study strongly support the premise that middle school early adolescents (ages 11-15) do exhibit suicidal behavior in frequencies high enough to justify implementing a suicide prevention program at that level.

This study also reveals an alarming amount of substance use by young teens. 29.94% of 11-12-13 year olds stated

they use alcohol, and 14.90% of them said they get drunk on a regular basis. This suggests a stong need for drug prevention programs at the middle school and implies that prevention may not be enough. Intervention and treatment must also be part of any effective drug program for this age group since so many are using by age 11-12-13. Alcohol and street drug use appear to be associated with suicidal behavior, with 75.51% of the attempters in this study using alcohol, 54.17% getting drunk, and 30.61% using street drugs. Therefore, it is important that Student Assistance Programs (SAP) be staffed with professionals specifically trained in suicide intervention, so that they have the expertise to assess chemical dependency AND suicide risk.

One third of America's school-age children come from divorced families. Teens with two sets of parents are common nowadays. Conflicts with step-parents are likely to occur in blended families because older children resent the "new" parent "replacing" the "real" parent. "You're not my father. You can't tell me what to do!" is the frequent cry of outraged teens. This study reports the most severe conflict with stepfathers, perhaps because the male often assumes the role of disciplinarian and head of household. A younger child may adapt more easily to the changes, but an early adolescent, just beginning puberty and the search for identity, will often refuse to accept the stepfather as "boss". Adolescent boys appear to have the most difficult relationship with stepfathers. 51.72% of the males in this

sample reported conflict with stepfathers, compared with 32.08% of the females. 61.11% of the attempters reported conflict with stepfathers which was the greatest percentage of all the parent/teen conflicts. Conflicts with stepmothers ranked second, with 37.50% endorsing that item, but conflicts with dad (16.28%) and mom (6.38%) were reported less frequently by attempters. Out of all the different parent/teen relationships, conflicts with stepfathers appear to be most associated with attempters. Teens this age often feel angry and resentful at the stepfather for "taking away" the mother and may act out in self-destructive ways in order to gain back the mother's attention.

The current work suggests that suicide is a personal concern of many junior high and middle school students, and approximately 1 out of 8 students of this age has actually made an attempt. Such unsettling figures indicate a need for suicide prevention programs at the middle/junior high school level. Self-perceived feelings of alienation from family, alcohol and street drug use, stepfather/teen conflicts, domestic violence, sexual abuse, and running away indicate that a young adolescent is in trouble and may be at high risk to attempt suicide. Further study of these variables may offer additional clues to determine their role in adolescent suicidal behavior. Knowledge and understanding of early adolescent development are of great importance, also. If "high-risk" young teens are identified quickly, intervention strategies can be used effectively to isolate

and minimize these problems before life-threatening behavior occurs.

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